

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 41 Registrar's No. 41

FILED JUN 10 1963

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) MOUND CITY		c. CITY OR TOWN MOUND CITY	
c. FULL NAME OF (If NOT in hospital, give location) DUNCAN NURSING HOME		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 4 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) CHARLES EDWARD WORLEY			4. DATE OF DEATH JUNE 3, 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) SECTION HAND		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) FORBES, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Riley WORLEY		13b. MOTHER'S MAIDEN NAME ICAPHENE STARR	
14. NAME OF HUSBAND OR WIFE LUCRETTA WORLEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. GLADYS TUCK - MOUND CITY Mo.	
17. INFORMANT GLADYS TUCK - MOUND CITY Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct DUE TO (b) Coronary Thrombosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paraplegia for 5 years - cause undetermined		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from May 21/63 to June 3/63 and last saw him alive on June 2/63 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James H. Crawford	22b. ADDRESS MOUND CITY Mo.
22c. DATE SIGNED 6/3/63	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-6-1963	23c. NAME OF CEMETERY OR CREMATORY FORBES CEM.	23d. LOCATION (City, town, or county) FORBES - Mo.
24. FUNERAL DIRECTOR JAMES H. CRAWFORD	25. DATE RECD. BY LOCAL REG. 6-3-63	26. REGISTRAR'S SIGNATURE James H. Crawford	

JUN 12 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James H. [Signature]

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.